

# Work Order ID 91892

\*91892\*

Page 1

October-19-12 1:05:52 PM

Item ID: D3018-1 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Seat Cushion  
 Start Date: 10/18/12 Start Qty: 4.00 \*4\* Cust Item ID:  
 Required Date: 11/09/12 Req'd Qty: 4.00 \*4\* Customer:  
 Reference:

Approvals: Process Plan: MLJ Date: 12-10-22 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
 Run Start \*NR1\*  
 Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3018	B								

100 0.00

\*100\*

Purchasing

Purchasing

PURCHASING

Memo

Issue P/O: 18212

Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning

Order: Grade 55.65 (colour orange), Density 3.6lb/ft³

Material must meet FAR 27.853(a) or 25.853(a)

Part is symmetric about centerline-All dimensions

0.00

12-10-23

110

0.00

\*110\*

Packaging

Packaging

Packaging

Memo

Ensure Material Release Note is attached

0.00

12/11/12 (4)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**Work Order ID 91892****\*91892\***

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Item ID: D3018-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Seat Cushion  
Start Date: 10/18/12 Start Qty: 4.00 **\*4\*** Cust Item ID:  
Required Date: 11/09/12 Req'd Qty: 4.00 **\*4\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 <b>*120*</b> QC Quality Control	QC6- Inspect dimensions to drawing  Memo *****REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK ORDER FOR TRACEABILITY*****	0.00 0.00	(DAS 16 2-8)	12/11/12		(M)			
130 <b>*130*</b> Packaging Packaging	Identify as per dwg & Stock Location: <u>514225</u>  Memo	0.00 0.00				4/1		80 12-11-12	
140 <b>*140*</b> QC Quality Control	QC21- Final Inspection - Work Order Release  Memo	0.00 0.00						12/11/13 ME 12-11-13	

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>					PAC 2/1 22						
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

# Picklist Print

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Work Order ID: 91892

Parent Item: D3018-1

Parent Item Name: Seat Cushion

Start Date: 10/18/12

Required Date: 11/09/12

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B01.06.08Removed acid etch & alodine EC  
NCR 11-588 DD VERF:EC

IPP REV:C 11.08.08 added note per

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3018-1P Seat Cushion		Purchased	No			110	Each	0.0000	1	4		12/11/12	(4)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

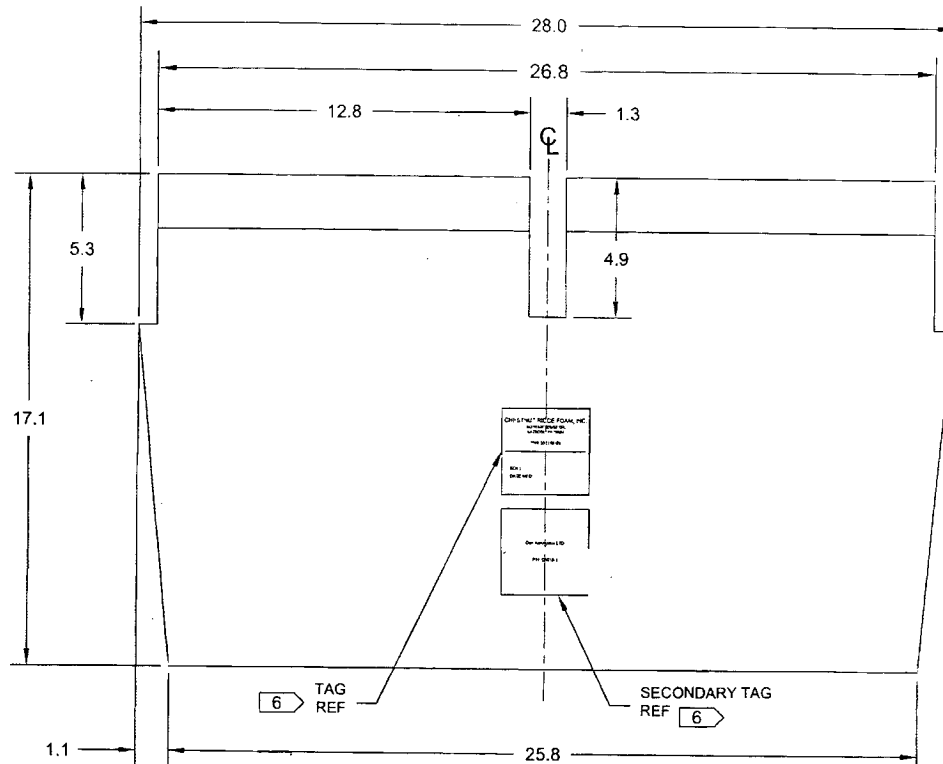
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

# SPECIFICATION CONTROL DRAWING

TABLE 1								
THICKNESS/ HEIGHT	TOLERANCE		LENGTH/ DEPTH	TOLERANCE		WIDTH (LEFT TO RIGHT)	TOLERANCE	
	(+)	(-)		(+)	(-)		(+)	(-)
0.0 - 0.50	0.05	0.05	0.00 - 6.00	0.06	0.06	0.00 - 6.00	0.06	0.06
0.51 - 1.00	0.13	0.05	6.01 - 12.00	0.13	0.13	6.01 - 12.00	0.13	0.13
1.01 - 3.00	0.13	0.05	12.01 - 24.00	0.25	0.25	12.01 - 24.00	0.25	0.25
3.01 +	0.19	0.13	24.01 +	0.50	0.38	24.01 +	0.50	0.38



**D3018-1 SEAT CUSHION**

## NOTES:

- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a)  
AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING  
GRADE 55-65 (COLOUR ORANGE)  
DENSITY 3.6 lb/ft<sup>3</sup>
- 2) FINISH: NONE
- 3) TOLERANCES: PER TABLE 1
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A

6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:

CHESTNUT RIDGE FOAM, INC.  
443 WAREHOUSE DR.  
LATROBE, PA 15650  
SO#  
DATE MFD:  
DART AEROSPACE LTD. P/N D3018-1

7) PART IS SYMMETRICAL ABOUT CENTERLINE

8) MAKE PER TEMPLATE

9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 502148-99

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO 91892 MJS  
12-10-22

**RELEASED**  
2011-05-10

B	UPDATE TO CURRENT STD; DRAWING REVISED IAW CHESTNUT RIDGE MFG DWG. REF: NCR11-588	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.05.10		
<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA DRAWING NO. <b>D3018</b> TITLE <b>SEAT CUSHION</b> SCALE <b>NTS</b> SHEET 1 OF 1 COPYRIGHT © 2001 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.			



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO18212**

Purchase Order Date 10/23/2012

PO Print Date 10/23/2012

Page Number 1 of 1

**Order From :**

VU-CHE001

CHESTNUT RIDGE FOAM, INC.  
PO BOX 6015  
HERMITAGE, PA 16148  
US

**Contact Name**

**Vendor Phone** 724 537 9000

**Vendor Fax** 724 537 9003

**Vendor Account Nbr**

**Buyer**

Brigitte Golden

**Requisition Nbr**

**Tax Resale Nbr**

10127-2607

**Terms**

Net 30

**Currency**

USD

**FOB**

Destination-Collect

**Ship To :**

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**PAID**  
10/23/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3019-1P	Back cushion	11/9/2012 Yes	4.00 Each	FedEx PI collect	\$44.4200	\$177.68
		<b>Special Inst:</b>	Specification per DWG: D3019 Rev: B B91911				
2	D3018-1P	Seat Cushion	11/9/2012 Yes	4.00 Each	FedEx PI collect	\$57.6200	\$230.48
		<b>Special Inst:</b>	Specification per DWG: D3018 Rev: B B91892				
<b>PO Total:</b>							<b>\$408.16</b>

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 10/23/2012

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES NO





"URGENT! FLAMMABILITY CERTIFICATION  
ENCLOSED. PLEASE FORWARD TO  
PURCHASING. DO NOT THROW AWAY!"

## Certificate of Conformance

### SOLD TO:

Dart Aerospace  
1270 Aberdeen Street  
Hawkesbury  
Ontario Canada K6A1K7

### PURCHASE ORDER:

PO18212

### SALES ORDER:

45651

### DATE SHIPPED:

11/07/12

***I certify that the individual components comprising the part shipped  
against the above-referenced purchase order meets the following  
requirements:***

14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116

Quantity	Customer Part Number	Part Number	Material	Batch Number
4	D3019-1P	601988-99	AIRFLEX 30/40	AF12040
4	D3018-1P	502148-99	AIRFLEX 55/65	AF12043

**MADE IN THE U.S.A**

**Diane Ryan**

Digitally signed by Diane Ryan  
DN: cn=Diane Ryan, o=Chestnut Ridge Foam,  
Inc., ou=Quality Assurance Inspector,  
email=crfqc@chestnutridgefoam.com, c=US  
Date: 2012.11.07 08:24:11 -05'00'

❖ P.O. Box 781  
❖ 443 Warehouse Drive

Latrobe, PA 15650

Phone 724-537-9000  
Fax 724-537-9003

**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 14634**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF12040  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 9-13-12  
TIME : 10:00 AM

TEST STARTED : DATE : 9-14-12  
TIME : 11:00 AM

**RESULTS :**

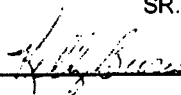
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.3
#2.	0.0	0.0	3.3
#3.	0.0	0.0	3.4
AVG.	0.0	0.0	3.3

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
SR. LAB TECHNICIAN

  
\_\_\_\_\_

**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 14663**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF12043  
CUSTOMER : PRODUCTION  
P.O. NO :

OTHER IDENTIFICATION : AFX 55-65

8/2/12

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 10-1-12  
TIME : 9:30 AM

TEST STARTED : DATE : 10-2-12  
TIME : 10:25 AM

**RESULTS :**

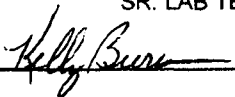
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	4.8
#2.	0.0	0.0	4.7
#3.	0.0	0.0	4.9
AVG.	0.0	0.0	4.8

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853, PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
SR. LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 14546**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
 SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT FR 4440 FABRIC  
 BATCH / LOT NO. : 8633  
 CUSTOMER PRODUCTION  
 P.O. NO.  
 OTHER IDENTIFICATION : SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC  
 ON INVOICE #62-117735

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
 MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : NA

MATERIAL PATTERN : WOVEN

MATERIAL COLOR : TAN

CONDITIONING STARTED : DATE : 7-5-12  
 TIME : 10:00 AM

TEST STARTED : DATE : 7-6-12  
 TIME : 11:45 AM

RESULTS:		FLAME TIME (SECONDS)		DRIPPINGS (SECONDS)		BURN LENGTH (INCHES)	
		WARP	FILL	WARP	FILL	WARP	FILL
#1.		0.0	0.0	0.0	0.0	3.4	3.6
#2.		0.0	0.0	0.0	0.0	3.6	3.5
#3.		0.0	0.0	0.0	0.0	3.5	3.5
AVG.		0.0	0.0	0.0	0.0	3.5	3.5

PASS X FAIL

**COMMENTS**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853, PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (II).

TESTED BY KELLY BURES  
 SR. LAB TECHNICIAN

CORPORATE OFFICE  
 500 N. McLin Creek Rd.  
 P. O. BOX 457  
 CONOVER, NC 28613-0457  
 PHONE (828) 464-4673  
 FAX (828) 464-0459

**HANES**  
*engineered materials*  
 a Leggett & Platt COMPANY

**INVOICE**

PLEASE REMIT TO:  
 HANES ENGINEERED MATERIALS  
 L&P FINANCIAL SERVICES CO.  
 P O BOX 60984  
 CHARLOTTE, NC 28260

**SOLD TO**  
 CHESTNUT RIDGE FOAM  
 ROUTE 981 NORTH  
 PO BOX 781  
 LA TROBE, PA 15650

**SHIP TO**  
 CHESTNUT RIDGE FOAM  
 ROUTE 981 NORTH  
 PO BOX 781  
 LA TROBE, PA 15650

INVOICE NUMBER <b>62-117735</b>	INVOICE DATE <b>6/29/2012</b>	TERMS <b>NET 30</b>	CARRIER <b>USF HOLLAND INC</b>	ROUTING	PPDCO <b>C</b>
CUSTOMER NO. <b>15985</b>	CUSTOMER ORDER NO. <b>30402</b>	SLS. MGR./SLSMAN <b>65 452</b>	ORDER DATE <b>6/26/2012</b>	CONOVER, NC	
BILL OF LADING <b>DAY8 S/L 88771</b>			RELEASE # <b>010 66095</b>		
PRODUCT <b>30333</b>	WIDTH <b>40.000</b>	DIM-2	DESCRIPTION <b>TICKING FR 4440</b>	PUTUP PK Q.C. CS <b>250 RL CC 2Y</b>	QUANTITY <b>LN</b>
			CERTIFICATION: THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE.		
			USF HOLLAND INC PRO# 10135770954		
			JUL 05 2012		

15985

ORIGINAL

842 THE LAWS OF THE STATE OF NORTH CAROLINA SHALL GOVERN THIS TRANSACTION. A LATE PAYMENT CHARGE AT A PER ANNUAL RATE EQUAL TO THE RATE OF THE CHASE MANHATTAN BANK, N.A. IN EFFECT ON THE FIRST DAY OF EACH MONTH PLUS 5% OR 10% PER ANNUAL WHICHEVER RATE IS HIGHER, WILL BE IMPOSED ON THE FIRST OF EACH MONTH ON ALL PAST DUE INVOICES PAID DURING THE MONTH.

TOTAL INVOICE  
 AMOUNT

PAGE 1 LAST 41032

Chestnut Ridge Foam, Inc.  
443 Warehouse Drive  
P.O. Box 781  
Latrobe PA 15650

Phone: 724-537-9000  
Fax: 724-537-9003



Packing Slip: 57517

PACKING SLIP

Page: 1

**Ship To:**

Fed Exp #1517-9324-0  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

**Sold To:**

Bridgette Golden  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

PO: PO18212

Ship Via: Fed Exp Int P1

FOB: Origin

Ship Date: 11/7/2012

SO: 45651

Sales Person: Aircraft

*Certificate of Conformity that all components comply with 14CFR 25.853(a) 12 Second Vertical  
Burn with Shipment*

Line	Planned Qty	Shipped Qty	Backorder	Part Number	Revision
1	4.00EA	4.00	0.00	D3019-1P	
				Description: AIRFLEX Back Cushion	
				Our Part: 601988-99	
2	4.00EA	4.00	0.00	D3018-1P	
				Description: AIRFLEX Bottom Cushion	
				Our Part: 502148-99	

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000